

Medical Statement Examples:

Statement for students that are disabled:

MEDICAL STATEMENT: ***Request for Special Meals and/or Accommodations***

(1) Name of Participant	(2) Age or DOB	(3) Sponsor	(4) Site
(5) Name of Parent /Guardian, or Auth. Rep.	(6) Telephone (Parent /Guardian, or Auth. Rep.) ()		(7) Site Telephone Number ()
(8) Must check one: <input checked="" type="checkbox"/> Participant is disabled or has a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definition on reverse side of this form.) Sponsors must comply with requests for special meals and any adaptive equipment. A licensed physician, physician assistant, nurse practitioner, or dentist must sign this form. <input type="checkbox"/> Participant is not disabled, but is <i>requesting</i> a special meal or accommodation. An example may include food intolerances, and is not intended to include food preferences. Sponsors are encouraged to accommodate reasonable requests. A licensed physician, physician assistant, nurse practitioner, registered dietitian, or registered nurse must sign this form.			

Statement for students that are not disabled:

MEDICAL STATEMENT: ***Request for Special Meals and/or Accommodations***

(1) Name of Participant	(2) Age or DOB	(3) Sponsor	(4) Site
(5) Name of Parent /Guardian, or Auth. Rep.	(6) Telephone (Parent /Guardian, or Auth. Rep.) ()		(7) Site Telephone Number ()
(8) Must check one: <input type="checkbox"/> Participant is disabled or has a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definition on reverse side of this form.) Sponsors must comply with requests for special meals and any adaptive equipment. A licensed physician, physician assistant, nurse practitioner, or dentist must sign this form. <input checked="" type="checkbox"/> Participant is not disabled, but is <i>requesting</i> a special meal or accommodation. An example may include food intolerances, and is not intended to include food preferences. Sponsors are encouraged to accommodate reasonable requests. A licensed physician, physician assistant, nurse practitioner, registered dietitian, or registered nurse must sign this form.			